

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002420

1. Entity Name

THE PRESERVE AT JENSEN BEACH COUNTRY CLUB ASSOCIATION, INC.

Principal Place of Business
11575 HERON BAY BLVD.
CORAL SPRINGS FL 33076

Mailing Address
24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90139 022 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
735 Colorado Ave.

3. Mailing Address
735 Colorado Ave.

Suite, Apt. #, etc.
Suite 3

Suite, Apt. #, etc.
Suite 3

City & State
STUART FL

City & State
STUART FL

4. FEI Number
59-3651964

Applied For
Not Applicable

Zip
34996

Country
MARTIN

Zip
34996

Country
MARTIN

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HASTINGS, VIVEN E~~
24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134

Name
Bristol Management
Street Address (P.O. Box Number is Not Acceptable)
735 Colorado Ave.
Suite 3
City
STUART FL Zip Code
34996

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Steve Dwyer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAYDEN, KENNETH 11575 HERON BAY BLVD. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RUNGE, JANET 11575 HERON BAY BLVD. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCCALL, THOMAS 11575 HERON BAY BLVD. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Elaine McCormick 3644 Pin Oak Dr. Jensen Bch FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS David Hershberger 3736 Dore Oak Dr. Jensen Bch, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Carl Williams 3764 Pin Oak Dr. Jensen Bch, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Giampietro 3496 Glen Oak Dr Jensen Bch, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature

Date

Daytime Phone #